

FILED  
May 05, 2003 8:00 am  
Secretary of State

05-05-2003 91865 025 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # F96000006564**

1. Entity Name  
**TAYLOR & MATHIS, INC.**



Principal Place of Business  
**175 TOWN PARK DR  
SUITE 100  
KENNESAW, GA 30144-5509 US**

Mailing Address  
**175 TOWN PARK DR  
SUITE 100  
KENNESAW, GA 30144-5509 US**

2. Principal Place of Business  
**3500 LENOX ROAD**

3. Mailing Address  
**245 TOWNPARK DRIVE**

Suite, Apt. #, etc.  
**SUITE 500**

Suite, Apt. #, etc.  
**SUITE 575**

City & State  
**ATLANTA, GA**

City & State  
**KENNESAW, GA**

Zip  
**30326**

Country  
**USA**

Zip  
**30144**

Country  
**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**58-1021972**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GALE, BRIAN S  
777 BRICKELL AVE., #510  
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name  
**ADDRESS CHANGE ONLY**

Street Address (P.O. Box Number is Not Acceptable)

**701 BRICKELL AVENUE, SUITE 1720**

City  
**MIAMI**

**FL**

Zip Code  
**33131**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when retaining)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
AVERY, E. H.  
175 TOWN PARK DR., SUITE 100  
KENNESAW, GA 30144** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PS  
TAYLOR, ANDREW M  
175 TOWN PARK DR., SUITE 100  
KENNESAW, GA 30144** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VSD  
FLUKER, JAMES D  
175 TOWN PARK DR SUITE 100  
KENNESAW, GA 30144** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
BATTEY, CARROLL M  
175 TOWN PARK DR SUITE 100  
KENNESAW, GA 30144** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VTD  
DOLBOW, FRANK C  
175 TOWN PARK DR SUITE 100  
KENNESAW, GA 30144** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
O'BRIEN, D K  
175 TOWNPARK DRIVE STE 100  
KENNESAW, GA 30144** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ADDRESS CHANGE ONLY  
3500 LENOX ROAD, SUITE 500  
ATLANTA, GA 30326** ☒ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Frank C Dolbow*

**FRANK C Dolbow, Senior V.P. 5/1/03 770.795.1330**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)  
TAYLOR & MATHIS, INC.  
FEI # 58-1021972

ATTACHMENT

ADDITIONAL SHEET

F96000006564  
80113859

| BOX #11        | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN BOX #10 |                                                                              |
|----------------|--------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE          | V                                                      | <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION |
| NAME           | O. HAMILTON REYNOLDS                                   |                                                                              |
| STREET ADDRESS | 3500 LENOX ROAD, SUITE 500                             |                                                                              |
| CITY-ST-ZIP    | ATLANTA, GA 30326                                      |                                                                              |